

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
5						
6						
7						
8						
9						
10	1					
11						
12						
13						
14						
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38						
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40						
41						
42						
43						
44						
45						
46						
47						
48						
49	1					
50		1				
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

CLAIMS	IND	DEP	IND	DEP	IND	DEP
51	1					
52	1					
53	1					
54	1					
55	1					
56	1					
57	1					
58						
59						
60						
61						
62						
63						
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69						
70						
71						
72						
73	1					
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80	1					
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82						
83						
84						
85	1					
86	1					
87	1					
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	5					
TOTAL DEP.	34					
TOTAL CLAIMS	34					